MEDICAL RECOR	RD .	CHRONOLOGICAL RECORD OF MEDICAL CARE						
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)							
	BEHAVIORAL HEALTH TERMINATION SUMMARY AND DISCHARGE PLAN							
	Therapy for this patient	t was terminated on this	date:					
	2. The patient was a □ self-referral □ command referral □ medical referral							
	3. Type of treatment mod	ality utilized:						
	4. Total number of session	ns: Fro	om:		To:			
	5a. Medications:		5b. Hospitalizations:					
	·	ate was discussed with	status has □ substantially improved □ slightly improved □ not improved □ unknown at present s □ discussed with and understood by the patient. The patient received a copy of this form. □ not discussed with the patient. Efforts to contact the patient were unsuccessful.					
		 ☐ made by the therapist because the patient failed to reestablish contact. ☐ made by the therapist because the patient separated from the service. 						
	8a. Initial diagnosis:		81	o. Diagnosis a	t termination:			
	AXIS I:			AXIS I:				
	AXIS II:		AXIS II:					
	AXIS III:			AXIS III:				
	GAF =			GAF =				
	OQ-45:		OQ-45:					
	Patient was stable psychiatrically and medically. No homicidal or suicidal ideations were identified.							
	10. Treatment recommendations, special instructions, limitations: (Continue on reverse, if necessary.)							
	11a. Provider's printed na	Provider's printed name or stamp 11b. Provider's signature					_	
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPA	RT./SERVICE		RECORDS	S MAINTAINED AT	
SPONSOR'S NAME		SSN/ID NO.	RELA	ELATIONSHIP TO SPONSOR				
PATIENT'S IDENTIFICATIO	N: (For typed or written ent	ries, give: Name - last, first,	middle; ID No or SSN	; Sex;	REGISTER NO).	WARD NO.	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (Rev. 6-97)
Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202.1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION	(Sign each entry)